MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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40	1					
41	1					
42	1					
43	1					
44	1					
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.						
TOTAL CLAIMS						

	☆		☆		☆	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
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99						
100						
TOTAL IND.	8	⇩		⇩		⇩
TOTAL DEP.	62					
TOTAL CLAIMS	70					

☆ *MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS*